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## BIB DATA SHEET

CONFIRMATION NO. 6956

<b>SERIAL NUMBER</b> 10/829,485	<b>FILING or 371(c) DATE</b> 04/22/2004 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 7034/110	
<b>APPLICANTS</b> Robert R. Mantell, Arlington Heights, IL; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/465,081 04/24/2003 * (*)Data provided by applicant is not consistent with PTO records. <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 06/26/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and /MANUEL A Acknowledged MENDEZ/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWINGS</b> 12	<b>TOTAL CLAIMS</b> 37	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> BRINKS HOFER GILSON & LIONE P.O. BOX 10395 CHICAGO, IL 60610 UNITED STATES					
<b>TITLE</b> Mixed-gas insufflation system					
<b>FILING FEE RECEIVED</b> 1708	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		